

08/25/00

JC803 U.S. PTO

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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL	
<i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	
Attorney Docket No. 11157-14	
First Inventor or Application Identifier Malcolm King	
Title Use of Charged Dextran As A Mucoactive Agent and ...	
Express Mail Label No. _____	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> • Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 34] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Micro fiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application 13. <input type="checkbox"/> (PTO/SB/09-12) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: <u>Unsigned Declaration</u>			
<i>*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</i>			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		1059 <i>(Insert Customer No. or Attach bar code label here)</i>	
<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below			
Name	Bereskin & Parr		
Address	Box 401 40 King Street West		
City	Toronto	State	Ontario
Country	Canada	Telephone	(416) 364-7311
			Fax (416) 361-1398

Name (Print/Type)	Micheline Gravelle	Registration No. (Attorney/Agent)	40.261
Signature		Date	August 24, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (12/99)

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 417.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Malcolm King
Examiner Name	
Group / Art Unit	
Attorney Docket No.	11157-14

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 022095

Deposit Account Name Bereskin & Parr

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	
139	130	139	130		Non-English specification	
147	2,520	147	2,520		For filing a request for reexamination	
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	
115	110	215	55		Extension for reply within first month	
116	380	216	190		Extension for reply within second month	
117	870	217	435		Extension for reply within third month	
118	1,360	218	680		Extension for reply within fourth month	
128	1,850	228	925		Extension for reply within fifth month	
119	300	219	150		Notice of Appeal	
120	300	220	150		Filing a brief in support of an appeal	
121	260	221	130		Request for oral hearing	
138	1,510	138	1,510		Petition to institute a public use proceeding	
140	110	240	55		Petition to revive - unavoidable	
141	1,210	241	605		Petition to revive - unintentional	
142	1,210	242	605		Utility issue fee (or reissue)	
143	430	243	215		Design issue fee	
144	580	244	290		Plant issue fee	
122	130	122	130		Petitions to the Commissioner	
123	50	123	50		Petitions related to provisional applications	
126	240	126	240		Submission of Information Disclosure Stmt	
581	40	581	40		Recording each patent assignment per property (times number of properties)	
146	690	246	345		Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345		For each additional invention to be examined (37 CFR § 1.129(b))	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	201	345
106	310	206	155
107	480	207	240
108	690	208	345
114	150	214	75
		Utility filing fee	345.00
		Design filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional filing fee	
		SUBTOTAL (1)	(\$ 345.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
28	-20**	= 8 X 9 =	72.00
Independent Claims	3 - 3**	= 0 X 39 =	0.00
Multiple Dependent		= 0 =	0.00

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203
102	78	202
104	260	204
109	78	209
110	18	210
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent
		SUBTOTAL (2)
		(\$ 72.00)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 0.00)**

Complete if applicable

Name (Print/Type)	Micheline Gravelle	Registration No. (Attorney/Agent)	40,261	Telephone	(416) 364-7311
Signature	<i>Micheline Gravelle</i>	Date	August 24, 2000		

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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66548 U.S. PTO
09/645594
09/22/00

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August 24, 2000

The Commissioner of Patents & Trademarks
Washington, D.C., U.S.A. 20231

Dear Sir:

Transmitted herewith for filing is the patent application of

Inventors: **Malcolm King**

For: **Use of Charged Dextran as a Mucoactive Agent and Methods and Pharmaceutical Compositions Relating Thereto**

The following papers are also enclosed:

5 sheets of Formal drawings Informal drawings
 A Declaration (Unsigned)

	Number Extra	Full Rate	Small Entity Rate	Total
Total Claims	28 - 20 = 8 X	\$ 18.00	\$ 9.00	\$72.00
Independent Claims	3 - 3 = 0 X	\$ 78.00	\$ 39.00	\$0.00
Multiple Claims	Flat Rate	\$260.00	\$130.00	\$0.00

Basic Fee = \$345.00
TOTAL FEES = \$417.00

Please charge Deposit Account No. 02-2095 in the amount of \$ 417.00. This letter is enclosed in duplicate.

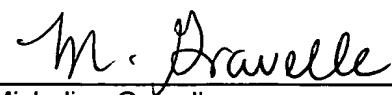
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 02-2095. This letter is enclosed in duplicate.

Payment Of The Filing Fee Is Being Deferred.

Related application. This application is a _____ Division _____ Continuation
____ Continuation-in-part of application Serial No. _____, filed _____.

Convention priority is requested based on U.S. Provisional Application Serial No. 60/150,605 filed August 26, 2000 under 35 USC §119(e).

Respectfully submitted,


Micheline Gravelle
Registration No. 40,261

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09/645594
08/25/00